

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 03 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **670671** (7)  
1. Corporation Name  
**KEY WEST COMPUTER SERVICES, INC.**



Principal Place of Business: **1219 NORWOOD AVE CLEARWATER FL 34616**  
Mailing Address: **1219 NORWOOD AVE CLEARWATER FL 34616-4509**

3. Date Incorporated or Qualified: **05/20/1980**  
3a. Date of Last Report: **02/20/1996**  
4. FEI Number: **59-2009708**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**MANDLER, JEFFREY L.  
777 BRICKELL AVE., SUITE 1200  
MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **701 BRICKELL AVE - SUITE 2000**  
83  
84 City  
85 Zip Code: **FL**

CHANGE →

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, SANDRA J.	1.2 NAME	
STREET ADDRESS	1219 NORWOOD AVENUE	1.3 STREET ADDRESS	<del>P O BOX 570</del> Waipapa Road
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	KERIKERI NEW ZEALAND
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, SANDRA J.	2.2 NAME	
STREET ADDRESS	1219 NORWOOD AVENUE	2.3 STREET ADDRESS	<del>P O BOX 520</del> WAIPAPA ROAD
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	KERIKERI NEW ZEALAND
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, SARA B.	3.2 NAME	
STREET ADDRESS	11698 LOST TREE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DORIS H.	4.2 NAME	
STREET ADDRESS	1219 NORWOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris H. Campbell 3-7-97 813-441-2210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DORIS H. CAMPBELL Daytime Phone #

CR2E034 (9/96)